

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
<div style="font-size: 1.2em; font-weight: bold;">3-11-04</div> <div style="font-weight: bold;">CLAIMS</div>												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			A		B		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51					
2	/						52					
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47	/						97					
48	/						98					
49	/						99					
50	/						100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	3						TOTAL DEP.					
TOTAL CLAIMS	4						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-74)

U.S. DEPARTMENT OF COMMERCE
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